## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket H1938

As a below named inventor, I hereby declare that:

| My residence, p  | post office address and  | citizenship a  | re as stated below nex  | xt to my name.   |
|--|--|--|---|--|
| original, first and is claimed and DEVICE AND                          | nd joint inventor (if plue for which a patent is                     | ural names ard<br>is sought on<br>NUFACTUR   | e listed below), of the the invention titled                            | s listed below), or an e subject matter which SEMICONDUCTOR of which is attached                                   |
| as Applic  | on was filed on<br>ation No<br>mended on                             |  |   | · · · · · · · · · · · · · · · · · · ·  |
| •  | that I have reviewed acluding the claims, as                         |  |   | the above identified red to above.   |
|  | the duty to disclose in ccordance with Title 3                       |  |   | ne patentability of this 1,56.   |
| 365(b) of any finternational ap<br>America, listed<br>inventor's certi | oreign application(s) for plication which design below and have also | or patent or in the patent or in the patent of the patent  | nventor's certificate,<br>one country other tha<br>low, any foreign app | Code, § 119(a)-(d) or or 365(a) of any PCT in the United States of plication for patent or filing date before that |
| Prior Foreign A  | application(s)   | •  |   | Priority Claimed   |
| None   |  |  |   | ☐ Yes ☐ No   |
| (Number)   | (Country)  |  | (Day/Month/Year F   |  |
| (Number)   | (Country)  | ·  | (Day/Month/Year F   | Yes No   |
|  | the benefit under Title<br>lication(s), listed below                 |  | States Code, § 119  | of any United States   |
| None   |  |  |   | <u>,</u>   |
| (Application N   | umber)   | e de la companya de l | (Filing Date)   |  |
| (Application N   | umber)   |  | (Filing Date)   |  |
| I hereby claim   | the benefit under Tit  | le 35, United  | States Code, § 120  | of any United States   |

application(s), or 365(c) of any PCT international application designating the United States of America, listed below:

| None   |                                       |           |
|--|---------------------------------------|-----------|
| (U.S. Parent Application Number or PCT Parent No.) | (Filing Date)                         | (Country) |
|  | · · · · · · · · · · · · · · · · · · · |           |
| (U.S. Parent Application Number or PCT Parent No.) | (Filing Date)                         | (Country) |

I hereby appoint the attorney(s) and/or agent(s): Rennie William Dover, Reg. No. 36,503, John D. Titus, Reg. No. 39,047, Elizabeth A. Apperley, Reg. No. 36,428, Bradley J. Botsch, Reg. No. 34,552, Michael Caywood, Reg. No. 37,797, Daniel R. Collopy, Reg. No. 33,667, Kent Cooper, Reg. No. 37,296, Paul S. Drake, Reg. No. 33,491, Keith Witek, Reg. No. 37,475, and Harry A. Wolin, Reg. No. 32,638 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Mr. John D. Titus at telephone no. (602) 322-4000.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| FULL NAME OF SOLE INVENTOR:<br>FIRST MIDDLE LAST | INVENTOR'S SIGNATURE:  | DATE: (SPELLOUT MONTH) |
|--|--|------------------------|
| Zoran Krivokapic                                 |  | un, 207, 2003          |
| RESIDENCE:                                       |  | CITIZENSHIP:           |
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| Same as above                                    | e e la central de la capación de la companya de la<br>La companya de la co |                        |

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